

HIV and Women in North Carolina, 2017

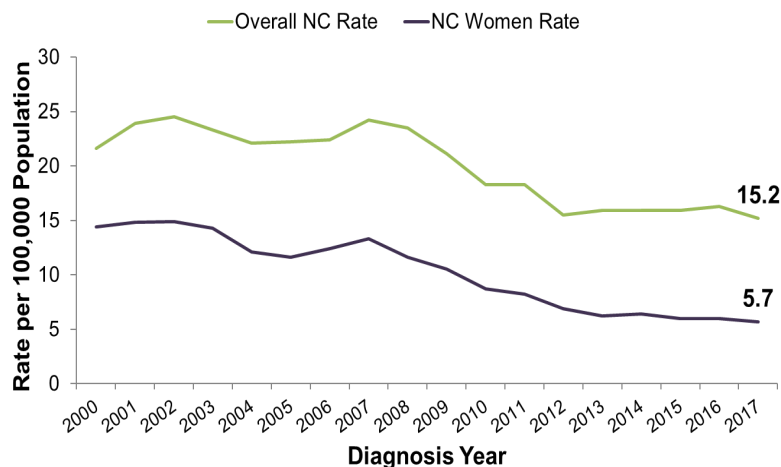


HIV Diagnoses among women have remained stable over the past few years.

In 2017:

- Of the 35,045 people diagnosed and living with HIV infection in North Carolina, 28% (9,718) are women (rate: 184.3 per 100,000 population).
- Women were 19% (251) of the 1,310 people newly diagnosed with HIV (rate: 5.7 per 100,000).
- 90% of women newly diagnosed reported only heterosexual contact; 9% were exposed through injecting drug use.
- 51% of women newly diagnosed were over the age of 40.

Newly Diagnosed HIV Infection Rates



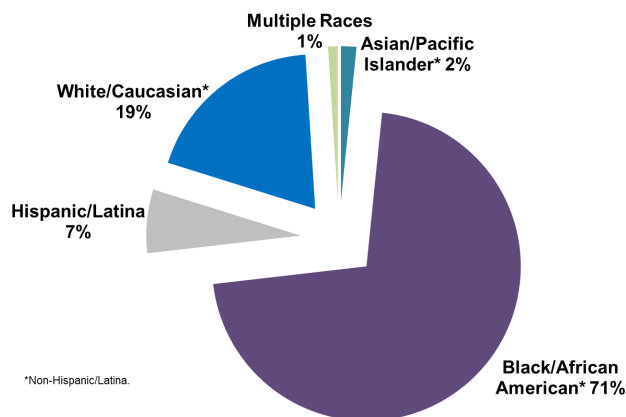
- 64 (25%) women newly diagnosed with HIV were also diagnosed with AIDS within 6 months of their HIV diagnosis.

No Reported Perinatal Transmission of HIV in 2017



- 144 (57%) new diagnoses among women occurred in those of child-bearing age (15 to 44 years).
- Perinatal transmission has decreased since 2007, when new HIV testing statutes were implemented.
- In 2017, **no** reported cases of perinatal transmissions of HIV occurred in North Carolina.

More than two-thirds of women newly diagnosed with HIV are Black/African American women



- 179 (71%) new diagnoses were among Black/African American women.
- HIV infection rates are related to poverty, as well as race/ethnicity. HIV rates are higher in low-income areas (CDC 2010), and Black/African American and Hispanic/Latinos are more likely to live in these areas. People living in impoverished areas often have less access to resources, including health resources, which can lead to higher rates of disease.

Want More Information?

HIV/STD Facts and Figures web site:

<https://epi.publichealth.nc.gov/cd/stds/figures.html>

Centers for Disease Control and Prevention Fact Sheets on HIV:

<https://www.cdc.gov/hiv/library/factsheets/index.html>

Data Sources:

enhanced HIV/AIDS Reporting System (eHARS) (data as of June 27, 2018), and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2018).

Contact Us

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Created by the HIV/STD/
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HIV and Women in North Carolina, 2017

What is North Carolina doing to decrease HIV?

- North Carolina provides funds for HIV testing through the North Carolina State Laboratory of Public Health (SLPH).
- North Carolina funds evidence-based risk reduction programs. Over 1,200 people with HIV or high-risk HIV-negative people participated in 11 different programs in 2017.
- State bridge counselors reach out to HIV-positive people who have fallen out-of-care and offer assistance in addressing barriers to re-engaging in HIV medical care, including priority support for HIV-positive pregnant women.
- Local health departments and other providers are starting to offer Pre-Exposure Prophylaxis (PrEP) for HIV; see the side bar for North Carolina links.



STD Screening Recommendations for HIV-positive people, CDC 2015 STD Treatment Guidelines:

<https://www.cdc.gov/std/tg2015/screening-recommendations.htm>

For information about Pre-Exposure Prophylaxis (PrEP) and a map of North Carolina PrEP providers:

<https://www.med.unc.edu/ncaidstraining/prep/PrEP-for-consumers>

Cultural Competency Trainings:

- [Cultural Competency for Health Professionals \(Duke University\)](#)
- [Introduction to Cultural Competency and Title VI \(UNC-Chapel Hill\)](#)
- [Cultural Competency Training \(North Carolina Collaborative Training Institute\)](#)

State of North Carolina • Roy Cooper, Governor
Department of Health and Human Services • Mandy Cohen MD, MPH, Secretary
Division of Public Health • Beth Lovette, Acting Division Director
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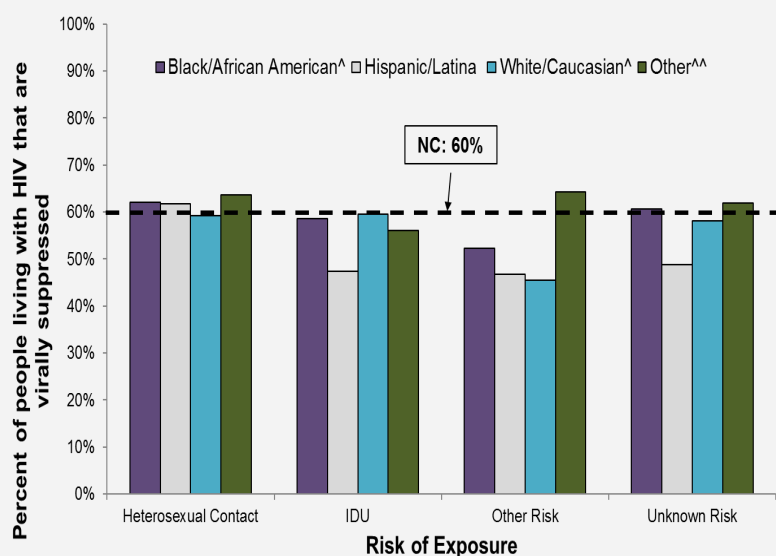
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HMAP web site:

<https://epi.publichealth.nc.gov/cd/hiv/hmap.html>

Viral Suppression among Women by Race/Ethnicity and HIV Exposure, 2017



^Non-Hispanic/Latino.

^^Other includes American Indian/Alaska Native, Asian/Pacific Islander, Multiple Race and Unknown.

- Viral suppression (less than 200 copies of virus per mL of blood) prevents transmission of HIV to others.
- 60% of women diagnosed and living with HIV in NC were virally suppressed in 2017.
- Barriers to care and viral suppression include lack of transportation, lack of family support, social stigma, and the complexity of accessing health insurance.
- Latina residents of NC have lower viral suppression rates than other race/ethnicity groups.

What CLINICIANS can do

All pregnant women should be tested for HIV and syphilis at their first prenatal visit and during the third trimester in order to prevent mother-to-child transmission. A third syphilis test should be done at delivery. Women with no prenatal care should be tested at delivery for both HIV and syphilis (<https://www.cdc.gov/nchhstp/pregnancy/screening/clinician-timeline.html>).

Educate yourself about PrEP (resources in sidebar). Also ensure that you receive regular cultural competency training in order to better meet the needs of your patient population (resources in sidebar).

What YOU can do

If you have HIV, seek treatment: you deserve a long and happy life!

For help, see the HIV Medical Assistance Program (HMAP, formerly ADAP) resources in the side bar.